

Ready to Become a Member at the Wellness Connection? We Can't Wait!

Here are the steps:

- _____ Folder of paperwork to complete is given – review and complete the following:
 - _____ Fitness Questionnaire (*1 page, 2-sided*)
 - _____ Participant Agreement (*3 pages, first is 2-sided. The final page is co-signed by the Wellness Connection at your orientation visit*)
 - _____ Liability Release & Assumption of Risk (*1 page*)
 - _____ ACH Authorization (*if applicable – details to be filled in at orientation visit*)
- _____ Watch on your own: YouTube video of equipment information & orientation
(Approximately 45 minutes) <https://bit.ly/WCOrientation>
- _____ Call or email to schedule your 1-hour orientation! (\$25 fee) During this visit we'll:
 - Complete membership paperwork
 - Collect \$25 payment for the orientation
 - Set you up with access to the building
 - Give a complete tour of all spaces available to you
 - Orient you to the fitness and strength equipment

Orientation scheduled for: _____

Wellness Connection Manager: 262.965.7017 | WellnessConnection@ThreePillars.org

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Wellness Connection

Overview Information | About the Wellness Connection

Thanks for taking an interest in our Wellness Connection! We know that wellness is about more than working out. It's about taking care of your mind, body, and spirit. We emphasize a holistic approach to our wellness offerings, with programming and equipment designed to meet the needs of adults age 55+.

All residents, employees, and volunteers at Three Pillars, regardless of age, are invited to enjoy complimentary membership.

No matter where you are with your personal wellness, what your physical abilities are, or what your goals are – we'd love to support you and be part of that journey.

The 4,700 Square Foot Wellness Connection Features:

- A well-equipped fitness center with cardio and specialized strength circuit equipment
- State of the art HUR fitness equipment:
 - Developed as the result of 20 years of research at the University of Technology in Helsinki, Finland
 - The leading easy-to-use technology for older adults and those participating in rehabilitation therapies
 - Known for being smooth and easy on joints, due to use of air pressure instead of weights to ease pressures on connective tissues
- InBody composition analysis available
- An aerobics and dance studio with suspended wood floors, full-length mirrors, TV, and fitness equipment
- Interactive demonstration kitchen with complimentary coffee and tea
- Secured access system
- Massage studio
- Locker rooms and showers with in-floor heat and towel service
- Smart Balance training system
- A serene, encouraging environment that embodies health and wellness
- Adjacent to miles of tranquil walking paths throughout our campus, featuring views of woods, ponds, and the Bark River

Hours of Operation: 7 days a week, 5am to 10pm | Building access for members by finger scanner

Menu of Services & Fees:

- **Membership:**
 - **Community Members:** \$25 orientation fee + \$25 per month
 - **Residents:** Complimentary orientation fee + monthly membership
 - **Employees & Volunteers:** \$25 orientation fee + complimentary monthly membership
- **Wellness Workshops, Educational Programs, Fitness Classes, and More:** Additional fees may apply as indicated in promotional material, often \$5-15 per session
- **Massage:** \$1 per minute + flat \$2 fee, by appointment

Ready to become a member? Community members age 55+, and residents/employees/volunteers of any age....
Contact us today to get started on simple membership paperwork and schedule your orientation!

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Fitness Screening Questionnaire

Date: _____

Last Name: _____ First Name: _____

Date of Birth: _____ Height: _____ Approx Weight: _____

Occupation (Past or Present): _____

What are your fitness goals for joining Three Pillars' Wellness Connection?

- | | | |
|--|---|--|
| <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Cardiovascular Fitness | <input type="checkbox"/> Increase Muscle Tone |
| <input type="checkbox"/> Reduce Stress | <input type="checkbox"/> Decrease Back Pain | <input type="checkbox"/> Other (explain below) |

In Case of Emergency Info:

*Emergency Contact: _____ * Phone: _____

Physician's Name: _____ Phone: _____

Please list any medications you currently take:	
Medication:	Purpose:

Medications you are severely allergic to:

Wellness Connection

Personal History (please indicate if you have been diagnosed with any of the following:)

- ☐ Heart Attack ☐ Heart Surgery ☐ Cardiac Catherization with angioplasty
☐ Heart Failure ☐ Heart Valve Disease ☐ Cardiac Rhythm Disturbance
☐ Pacemaker/Defibrillator ☐ Congenital Heart Disease ☐ Heart Transplantation
☐ Cancer
- ☐ Significant Other Surgeries: _____
- ☐ Other: _____

Have you experienced any of these in the last 6 months?

- ☐ Chest Discomfort with Exertion ☐ Unreasonable/New Breathlessness
☐ Dizziness, Fainting, or Blackouts
☐ Burning or cramping sensations in your lower legs when walking short distances

Cardiovascular Risk Factors

- ☐ Diabetes: (circle which type you are) Type 1 Type 2 Diet Controlled
☐ Stress
☐ High Cholesterol Level
☐ You smoke or quit smoking within the previous six months
☐ High Blood Pressure
☐ Physically Inactive

**We're so happy to be a part of your health & wellness journey –
thanks for joining the Wellness Connection!**

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*Wellness Connection***Wellness Connection Participation Agreement**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Participation and Payment Agreement

The undersigned person (hereinafter "Participant") agrees to adhere to all the rules and conditions of participation in Three Pillars' Wellness Connection (hereinafter "The Connection") and to pay to The Connection:

\$_____ Orientation Fee + \$_____ Monthly Access Fee, plus any additional program or service fees as incurred by the Participant.

Participant acknowledges and agrees that each monthly installment will be charged to the account no earlier than the fifth of each month. In the event any such installment is not received by The Connection prior to the next installment date, The Connection may cancel this Agreement and the Participant may be required to pay the current orientation fee to The Connection prior to reinstatement of the Membership, along with the full amount of delinquent charges due to The Connection. In addition to the foregoing, The Connection may pursue any and all legal and equitable remedies available to The Connection as a result of the Participant's breach.

Participation Rights and Privileges

In consideration of the orientation fee, access fee, and Participant's covenant to observe all applicable rules and conditions of participation, The Connection hereby grants to Participant the right to use and enjoy the facilities and equipment of The Connection located at 404 N. Main St., Dousman, Wisconsin, throughout the term hereof and to the extent described in The Connection brochure, commencing on the date hereof. I understand that I may terminate this application with 30 days written notice prior to the collection date to The Connection. I understand that if I miss a monthly payment for any reason I may be subject to pay an orientation fee to regain Participant status. While rates are subject to future increases, The Connection agrees to give a 30-day notice of any change in monthly access fees.

Participant's Initials _____*Lifestyle. Value. Trust.*

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Cancellation and Refunds | Right to Cancel

You are permitted to cancel this Agreement until midnight of the third operating day after the date on which you signed the contract. If the facilities or services that are described in the contract are not available at the time you sign the contract, you have until midnight of the third operating day after the day on which you receive notice of their availability to cancel the contract. If within this time, you decide you want to cancel this Agreement, you may do so by notifying Masonic Center for Health & Rehab, Inc., by any writing mailed or delivered to Masonic Center for Health & Rehab, Inc. at the address shown on the Agreement, within the previously described time period. If you cancel, any payment made by you, less a user fee at no more than \$3.00 per day of actual use, and the orientation fee of service, will be refunded 45 days after notice of cancellation is delivered, and any evidence of any indebtedness executed by you will be canceled by Masonic Center for Health & Rehab, Inc., and arrangement will be made to relieve you of any further obligation to pay the same.

Miscellaneous

- a) If any provision in this Agreement is declared invalid or unenforceable, such provision shall be deemed deleted; and the remainder of this Agreement shall be enforced to the full extent permitted by law.
- b) No waiver of any breach or default by either party shall be deemed a waiver of any subsequent breach or default of the same or similar nature.
- c) Participant agrees and warrants that the statements and representations made by the Participant in the Application portion of this Agreement are true, accurate, and complete and may be relied upon by The Connection.
- d) Participant may not transfer or assign his/her access privileges.
- e) The parties agree that this Agreement, including the application portion hereof and The Connection's participant brochure, constitutes the final written expression of all terms of this Agreement and constitutes a complete and exclusive statement of those terms. Accordingly, except as provided herein, no representatives, promises, warranties, or statements by either party which differ in any way from the terms of this written Agreement shall be given any force or effect whatsoever.
- f) This Agreement shall not become binding upon The Connection until it is accepted by the duly authorized representative of The Connection at its offices located at 400 N Main Street, Dousman, Wisconsin.

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The undersigned **PARTICIPANT** has caused this Agreement to be executed as of the day and year written below:

Dated this _____ day of _____, 20_____.

Participant Signature: _____

THREE PILLARS WELLNESS CONNECTION

This Agreement is hereby accepted by The Connection as of _____ am | pm this _____ day of _____, 20_____.

By: _____

PAYMENT NOTES

First payment: \$_____ & ongoing monthly fee \$25/month – to be paid through:

- ☐ ACH transaction (*separate form required*)
- ☐ Employee payroll deduction
- ☐ Other: _____

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Three Pillars' Wellness Connection | Liability Release and Assumption of Risk

Masonic Center for Health & Rehab, Inc., in doing business as Three Pillars Wellness Connection (hereinafter sometimes referred to as "The Connection"), is a senior wellness facility consisting of fitness facilities, entertainment, social, and relaxation facilities, and fitness and athletic equipment and resources (together, the "Facilities"). I acknowledge that all fitness, athletic, and recreational activities (together, the "Activities") CAN BE POTENTIALLY HAZARDOUS ACTIVITIES. I understand the mental and physical requirements necessary for such Activities and state that I have no medical condition or disability that prevents me from safely participating in such activities. I understand that the risks associated with these activities include, without limitation, theft of personal property, falls, body contact, collisions with objects and/or individuals, physical exhaustion, adverse changes in medical condition, skin, and eye irritation, exposure to allergenic foods, burns that may result in property damage, personal injury and/or death. I acknowledge that it is exclusively my responsibility to seek from my own physician a medical evaluation and clearance before I engage in physical activity of the type offered by The Connection and periodically thereafter. I understand The Connection and its employees and agents are not medical professionals and any advice or information provided by the foregoing shall not be construed as medical advice. I understand that there may be no employees or attendants present while I use the Facilities. I also represent that any Activities, exercises or exercise techniques that I choose to utilize are strictly of my own selection and are not chosen in reliance upon any advice or representation of any agent or employee of the Connection.

I agree to: (i) adhere to all rules published by The Connection and to instructions and warnings issued by any personnel of The Connection with respect with my participation in any activity or the use of the Facilities or any portion thereof; (ii) act within the limits of my ability and/or physical condition; (iii) maintain control of myself, my guests, and the equipment which any of us may be using in connection with any Activity; (iv) at all times refrain from conduct which may cause or contribute to the injury or death of myself or other persons and/or to the damage or loss of any property and (v) refrain from using any piece of equipment with which I am not completely familiar.

In consideration of the opportunity to use the facilities and to participate in the Activities, I hereby assume all risks associated with my use of the Facilities. On behalf of myself, my heirs, personal representatives, assigns, agents, and attorneys, I further agree to and hereby RELEASE and agree to HOLD HARMLESS Masonic Center for Health & Rehab Inc., Wisconsin Masonic Home, Inc., Village on the Square, Inc., its officers, agents, representatives, employees, subcontractors, volunteers, successors and assigns, from all claims, liabilities, damages, actions, and causes of action arising from or in relation to my use of the Facilities and/or my participation in Activities.

For Minors, I state that I am the Parent/Guardian of the Minor and have full authority, except as limited by law, to enter into this release and agreement.

I STATE THAT I HAVE CAREFULLY READ AND FULLY UNDERSTAND THE CONTENTS OF THIS RELEASE. I WAS GIVEN THE OPPORTUNITY TO DISCUSS THIS RELEASE WITH MASONIC CENTER FOR HEALTH & REHAB, INC. I EXECUTED THIS RELEASE OF MY OWN ACCORD AND WITH FREE WILL. I understand and agree to all provisions of this Liability Release and Assumption of Risk.

Participant

Date*Lifestyle. Value. Trust.*

*Wellness Connection***ACH Authorization for Electronic Transfer of Funds**

I, _____, a participant of Three Pillars' Wellness Connection, hereby authorize Three Pillars to withdraw funds for payment of my monthly access fee from the account below and directly transfer such amount to the accounts of Three Pillars.

This fee shall originate on ____ / 01 / 20____ at \$25 per month, and continue until such time as I rescind the authorization and/or terminate my participant status. The amount shall only increase following notice terms listed in the Participant Agreement.

I understand that:

- This authorization is effective as of the 1st day of the month following this notice.
- The automatic withdrawal will not occur before the 5th day of each month.
- Lack of sufficient funds in my account resulting in the inability of Three Pillars to transfer \$25.00 and will result in a non-sufficient funds fee as well as suspension of access until that plus the amount due is paid in full (orientation fee may again be required to reinstate participant status).
- I may rescind this authorization by notifying the Wellness Connection in writing at least 30 days prior to the 1st day of the month following such notice.

My banking information to be used for this electronic transfer is as follows:

Bank name _____

Bank routing (ABA) number _____

Account number _____

I have attached a voided check or other appropriate documentation for verification of these accounts.

Participant Signature

Date

Note: First transaction \$ ____ / Monthly rate of \$25 per month thereafter

Office Use Only: Program Codes | Monthly - 10.35.4500.00 | Orientation - 10.35.4520.00

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Member Guide | Please Retain for Your Records

Welcome to Three Pillars' Wellness Connection, our link to the 55+ local community. We hope you will find that your active participation in our programs is a valuable enhancement to your quality of life. In addition to the state-of-the-art HUR air resistance machines and cardio equipment, our amenities include luxury locker rooms and showers with heated floors, towel service, beverage service, and a kitchen lounge and social area. Free wireless internet is available throughout. Our fitness spaces feature large-screen Smart TVs and the aerobics studio features suspended wood floors.

Monthly membership means you get to use all our amenities! Extra charges apply for personal training sessions, apparel, massages, and group exercise or specialized programs that carry a fee.

Access to the Building: Member access is allowed during the hours of operation, 5am to 10pm daily. Since the Wellness Connection is a secure building, it's always locked. Finger-scan access is required. Do not attempt to use any door other than the front entrance (or alarms will sound), and do not unlock or prop any door open. Participants must have photo ID readily available to present to Wellness Connection personnel if required to verify access. If you are having problems with access, please call the Wellness Connection at 262.965.7017 or our main Concierge at 262.965.2111, and the problem will be resolved as soon as possible.

Payments: Orientation fee of \$25 is non-refundable and must be paid via ACH, check, cash, resident bill, or staff payroll deduction before access to the facility or the equipment will be issued. We strongly encourage monthly access fees be paid via direct debit ACH from checking or savings. A fee will be charged for insufficient funds. Program and class fees must be paid in full before the first session.

Guests: Due to the extensive orientation required for our specialized equipment, participants may not bring guests to work out in the Wellness Connection. If a participant is interested in bringing a guest to tour the facility, arrangements must be made in advance with the Manager at 262.965.7017.

Etiquette: Proper attire is required at all times. This includes shirts and appropriate footwear. Shoes worn outside or black-soled shoes are not allowed in the Aerobic Studio (the floor will become damaged). All participants are required to wipe down the equipment with sanitization wipes after use. Any equipment used must be put away in its original position.

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Evenings and Weekends: During non-staffed times, please be sure to turn off lights and TVs not in use when you leave. If you encounter any problems with the equipment, please leave a note for the Manager. If there is a major facility mechanical emergency (i.e., flooding, broken window/door, etc.), please call 262.965.7222 and listen for the prompts for emergency maintenance assistance.

Maintenance, Housekeeping, or Equipment Issues: Please report to the Wellness Connection Manager either by email (WellnessConnection@ThreePillars.org), a note under the door, or a call to 262.965.7017. If maintenance is called in and required to respond to personal needs rather than facility emergencies, the participant may incur a fee of up to \$50/hour.

Safety: Participants may use equipment upon which they have been fully oriented and feel confident in using safely. They must use it according to the manner instructed to prevent damage or personal injury.

Emergencies: The Wellness Connection is not staffed during all hours of operation. Phones are located in the main entry vestibule, lobby, Aerobics Studio, Fitness Studio, and locker rooms in case of emergency to dial 9-1-1. In the event of a fire, please pull the nearest pull station and evacuate the facility. In the event of threatening weather, please turn one of the televisions to local news or weather and monitor conditions. In the event of an actual tornado, the safest interior space is the locker room.

Lost and Found: The lost and found bin will be located in the front vestibule closet. If a valuable item is found, please turn it in to the Manager for safekeeping. Please do not bring any valuables to the Wellness Connection as we assume no responsibility for the loss of personal property.

Tobacco & Alcohol: Three Pillars is a tobacco-free environment. Please do not use any tobacco product on the premises including outdoors and in parking lots. Participants may not bring alcoholic beverages on the premises or use the facilities while under the influence of alcohol.

Conduct: Courtesy and respect must be shown to participants, guests, instructors, and staff. Use of rude, profane, harassing, or threatening language or behavior may result in revocation of access privileges.

The Wellness Connection reserves the right to revoke any participant's access at any time for violations of these standards or other conduct contrary to the best interest of the Connection. Upon revocation, an unused portion of dues previously paid would be refunded.

Wellness Connection Manager: 262.965.7017 | WellnessConnection@ThreePillars.org

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